NHGRI IRB Checklist: Protocol Amendments or Adverse Events

(Include 1 copy with submission)

Principal Investigator:		
Protoc	ol Nu	mber: Title:
I.	\mathbf{A}	MENDMENTS Call Sara Hull (301-435-8712) to determine type.
	E	xpedited amendments (original + 6 stapled copies)
		Cover memo explaining changes
		Amended pages of protocol and/or consent form(s), with the <u>additions</u> and deletions so noted
		Revised, clean protocol (if revisions are substantial) and/or consent form(s)
		Electronic version of consent form (diskette, CD, or e-mail attachment)
		OR
		"Previously Collected Human Biological Materials/Data" Amendment Form
	F_{i}	ull board review (original + 25 stapled copies)
		Cover memo explaining changes
		Amended pages of protocol and consent form(s), with the <u>additions</u> and deletions so noted
		Revised, clean protocol and consent form(s)
		Electronic version of consent form (diskette, CD, or e-mail attachment)
II. S	ERI	OUS ADVERSE EVENT REPORTING
	<i>F</i> :	<i>all Board review (original + 25 copies for Serious Adverse events)</i> Memorandum to IRB Chair (with copy to the clinical director) describing adverse events Serious Adverse Event Report Form
		rials for full IRB review must be submitted to Peggy McKoy, Bldg. 10, CRC/6-3340, by noon on the date, or they may be reviewed at a later meeting. (See NHGRI IRB Calendar).

IRB forms and templates can be found at http://research.nhgri.nih.gov/nhgri/nhgri_cores/BIOETHICS/irb.html

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For questions regarding the checklist or submissions, please contact:

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